

Kentucky Peer Advisory Network FY2014 Final Report

Deadline: This final report must be completed by the peer advisor and returned to the Kentucky Arts Council within two weeks of the consultancy completion. Clients must receive a copy of the **second page of the report.**

1. Advisor Name:			
2. Org./Artist Name:			
3. Advisor Mailing Address:			
4. City:		5. State: KY	6. Zip+4:
7. County:		8. Social Security :	
9. Phone Number:		10. Email Address:	
11. Consultancy Hours	\$200/3 hours	\$400/6 hours	
12. Consultancy Dates	Begin Date 	End Date 	
13. Number of individuals who benefited from this grant	Youth: 	Adult: 	
14. Number of artists who participated in this activity:			

I understand that I am responsible for invoicing the organization/artist for incidental expenses including mileage, lodging, subsistence and miscellaneous items.

*I certify that the foregoing statements and enclosures are true and complete to the best of my knowledge. All signatures must be in **RED** ink and return to the Kentucky Arts Council via mail.*

Preparer's Signature: 	Date:
All signatures must be in RED ink.	
Type Name: 	Title:

KAC Staff Use ONLY

FY:	2014	APP #:	
App. Status:		App. Institution:	
Project Disc:		Activity:	34
Grant Program:	KPAN	Grantee Race:	
		Date Received:	

Consultancy Summary

What was the purpose of the consultancy?

What were the conclusions reached at the end of the consultancy?

List three benchmarks that the client has decided to work towards as a result of this consultancy: